## **Virginia State Board of Elections**



## Statement of Organization CANDIDATE COMMITTEE

CITY OF ALEXANDRIA

MAY 29 2012

VOTER REGISTRATION ELECTORAL BOARD

	*Please read in	nstructions before completing this	form.			
Type of Statement						
☑ NEW		□ AMENDED				
This committee is registering with the Virginia State Board of Elections for the first		This committee is filing an amended Statement of Organization.				
9.	time.	Date Changes Took Effect	SBE-issued Committee ID			
Committee Information						
	Seatt Michael Gordon Name of Candidate Campaign Committee					
	Name of Candidate Campaign Committee					
	Street Address/PO Box Suite #					
Committee Information	Section Control of the Section Control of the Contr		Suite #			
	Alexandria		JA 22301			
	City		State Zip Code			
	evert moder 22301 Ramil con (200) 824 - 6294					
	Email Address Daytime Phone #					
	www. Votescottaonton.com					
	Campaign Website					
	T	andidate Information				
	0.00					
	Salutation Last Name	S COTT First Name	Middle Name Suffix			
	Residence Address	dence Address Apt#				
C-#1-		-				
Candidate Information	City	U P	tate Zip Code			
	Al	No. 1 II.	Zip Code			
	County or City of Residence	City	oter Identification #			
	Seatt gordon 2230) @ gmail.com Email Address  Daytime Phone #					
	By checking this box, I certify that I am currently registered to vote at the address above.					
Election Information						
Election information						
Election Information	District A School Board					
	Office Sought	District (if one)				
		20.5	November May Special			
	Political Party	Year of Election	Type of Election			



## Statement of Organization CANDIDATE COMMITTEE

	Treasur	er Information			
Treasurer Information	Salutation Last Name	0.0000000000000000000000000000000000000	MICH THEL Middle Nam	ne Suffix	
	Residence Address  Alexandria City  Alexandria City		Apt #  VA  State	2230\ Zip Code	
	County or City of Residence  Voter Identification #  Sept. gorden 22301 Q groil . Com (202) 334 - 6394  Email Address  Daytime Phone #  By checking this box, I certify that I am currently registered to vote at the address above.				
		gn Depository			
Sun Trust Bonk					
Name of Primary Financial Institution		Name of Other Fir	Name of Other Financial Institution (if applicable)		
Alexandria JA					
City	State	City	State		
	Commi	ittee Activity		TO THE PARTY OF TH	
Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")  Date first contribution accepted:  Date first expenditure made:  Date campaign depository designated:  Date filing fee paid for party nomination:  Date Statement of Qualification filed:  Date treasurer appointed:					

(continued on next page)



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	Filing Method			
	Please indicate the method by which this committee will submit all required campaign finance reports:  □ File electronically using SBE's Electronic Filing Application.			
Filing Method	File electronically using an SBE Approved Vendor  (Please indicate Name of Vendor:)  File paper reports.			
	Signature Date 129/12			
	Signatures			
Candidate's Signature	I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the Code of Virginia. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.  Candidate's Signature  Date			
Treasurer's Signature	I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the Code of Virginia for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.			
	Measurer's Signature Date			